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Experiences with Cortisone Given Orally

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SUMMARY

The advantages of the oral administration of cortisone, when compared with cortisone given intramuscularly, include the more rapid appearance of therapeutic effects, which is of importance in the therapy of acute disease, and the faster dissipation of effects when the hormone is discontinued, which is of value when dangerous reactions occur. Oral dose schedules depend upon the degree of urgency or chronicity of the treated disease. In acute diseases the therapeutic results, in general, were disappointing. Cortisone may be of greater value in the long-term maintenance treatment of certain chronic diseases. By long-term therapy the authors mean practically continuous treatment until either the disease goes into spontaneous remission or undesirable effects of the drug require cessation of treatment. Critical selection of patients and constant supervision of therapy are vital to the successful administration of cortisone. Even with these precautions, however, the therapeutic use of cortisone must be regarded as experimental until the passage of time permits better appraisal of harmful effects.

APPROXIMATELY one year ago, the efficacy of orally administered cortisone was first reported.[4, 10] The numerous accounts of its spectacular therapeutic effects have popularized the use of cortisone to such an extent that in many instances it is wasted on patients indiscriminately selected for treatment. The fact that it may be administered conveniently and effectively in oral doses has often encouraged the improper use of the drug.

A detailed discussion of the effects of cortisone in specific diseases is not intended in this report; instead, emphasis will be put upon certain basic principles concerning the administration of cortisone by the oral route.

COMPARISON OF ORAL AND INTRAMUSCULAR ROUTES

In the administration of cortisone, the oral route has certain advantages over the intramuscular route which make the use of the latter undesirable unless there are contraindications to oral therapy. It has been shown previously[2] that cortisone given in an effective dose by mouth produces therapeutic effects more rapidly (usually within 12 hours) than cortisone injected intramuscularly. Whether the tablets* or the injectable suspension in syrup is used, effec-

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EDITORIALS

A New Study of C.P.S.

California Physicians' Service will be given another look-over in the coming year as a result of action taken by the C.P.S. House of Delegates at the annual meeting. The House adopted a resolution calling upon the Council of the California Medical Association to appoint a committee "to ascertain the expectations of the medical profession of California in regard to C.P.S."

The functions of this committee are given in the resolution as follows: ". . . to make a careful study of C.P.S. as related to the operations of private insurance companies and other prepaid medical care groups, and to determine the future role and purpose of California Physicians' Service in the whole field of voluntary prepaid medicine."

While the language of the resolution is permissive in "urgently requesting" the C.M.A. Council to appoint such a committee, the Council has acted in the spirit of the proposal and has taken steps to appoint a committee which will be representative of all sections of the state and of all interests of physicians in various types of practice.

Appointment of this committee, which is expected to start functioning immediately, is reminiscent of the "Chandler Committee" of 1945-46. That group resulted from a similar demand from the House of Delegates for a scrutiny of medicine's own prepayment plan; its purpose was somewhat different from that of the present committee, in that it aimed primarily at going into the business affairs of C.P.S., particularly as those affairs affected the relationship between the organization and its physician members. At the same time, many of the considerations of the earlier committee will doubtless be given further study by the present body.

If the findings, recommendations and results of the "Chandler Committee" study may be taken as a criterion, the review of C.P.S. by the present committee should have a salutary effect. The former committee made a series of recommendations which were put into effect by C.P.S. and the C.M.A., including: Recognition of a system of both service and indemnification, with an income ceiling as the dividing line; biennial revision of the C.P.S. fee schedule; recognition of the need for periodic revision of the income ceiling; recognition of the need for C.P.S. to make its own hospitalization arrangements; approval of surveys of the business methods of C.P.S.; recognition of the respective spheres of authority of the C.M.A., the C.P.S. Board of Trustees and the management executives of C.P.S.; appointment of competent businessmen to the Board of Trustees of C.P.S. and, finally, continued sponsorship of C.P.S. and the voluntary systems of prepaid medical care by the California Medical Association.

There were additional recommendations of a more technical nature but the results of the foregoing may all be seen in the current operations of C.P.S.

The current committee will be looking into the entire picture of C.P.S. from a little different angle but still from the point of view of the practicing physician. Voluntary health insurance has grown so rapidly, and competition today is so keen among the numerous underwriters, that an attitude of let's-stop-and-take-stock is dictated by sound judgment. An appraisal of the place of C.P.S. in the sun of voluntary health insurance cannot but be helpful to the medical profession. An unbiased study of its "future role and purpose" will undoubtedly result in a clear picture of just where medicine's baby is going and should go. At the same time, the committee will have a chance to take a closer look at other

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NOTICES AND REPORTS

The C.M.A. President-Elect

Lewis A. Alesen, M.D., comes to the high office of President-Elect of the California Medical Association with an unusual apprenticeship and training in medical executive positions.

Dr. Alesen was born in West Pullman, Illinois, December 4, 1896. At the University of Illinois he received his Bachelor of Science degree in 1919 and a doctorate in medicine in 1921. He took his hospital training at the Los Angeles County Hospital. Dr. Alesen began the private practice of medicine in 1923. He is a diplomate of the American Board of Surgery and a fellow of the American College of Surgeons and of the International College of Surgeons. For many years he has been Associate Professor of Surgery at the College of Medical Evangelists.

Early in his medical career Dr. Alesen became interested in organizational work. One of the founders of the old Fellowship Club (later to become the Junior Section), he represented this group in the Council of the Los Angeles County Medical Association in 1934. He was a Councilor in that body until 1940. In that year Dr. Alesen became secretary-treasurer of the Los Angeles County Medical Association, served in that position for three years, and was elected president in 1944. He is a member and a past president (1949) of the Los Angeles Surgical Society. He has been chairman of the Department of Surgery at the Los Angeles County Hospital since 1949.

In 1945 Dr. Alesen was elected Vice-Speaker of the House of Delegates of the California Medical Association, a position in which he served for two years under the able guidance of Dr. E. Vincent Askey. Advanced to the position of Speaker in 1947, he served with distinction in that capacity until his elevation to the office of President-Elect this year. Dr. Alesen is also a delegate to the House of Delegates of the American Medical Association.

Dr. Alesen has always stood resolutely for the dignity of the private practice of medicine. While he is proud to be classed as a "rugged individualist," he is far from being a reactionary. He is firm in his conviction that the profession of medicine can and will resolve the problems which confront it in the complexities of present-day society. He has no delusions that this goal may be reached by wishful thinking and he brings to his new task a fighting spirit, a clear-thinking mind and a devotion to the ideals which have made American medicine and the American nation the greatest in the world.

LEWIS A. ALESEN, M.D.

BREAST CANCER POTENTIALITY LIKENED TO THAT OF A-BOMB

Cancer of the breast in young women and in pregnant women has potentialities which might be compared "to the physical powers of the atomic bomb," in the opinion of Dr. Edward J. McCormick of Toledo, Ohio.

Dr. McCormick is a member of the board of trustees of the American Medical Association. He served as a United States delegate to the Third World Health Organization meeting in Geneva, Switzerland, a year ago and as a member of a medical mission to Japan in 1949.

Writing on breast cancer in a recent issue of the *Journal of the American Medical Association,* he said pregnancy is a stimulator of cancer of the breast or of the cervix. He reported that the most rapidly fatal cases in his experience have been among the younger patients with active ovaries and pregnancy.

"Examinations of breasts are being conducted by physicians and patients more frequently because of publicity and information reaching the laity," he said. "Biopsies are increasing in most hospitals. Prevention is always superior to attempted cure."

The breast being one of the most accessible parts of the body, examination is simple, he pointed out. In his opinion, biopsy is the only reliable means of establishing the diagnosis. The disease should be recognized early if better results are to be obtained, he stressed.

Dr. McCormick urged more radical treatment of the questionable benign and so-called premalignant conditions. He expressed the opinion that the removal of benign lesions frequently will prevent the development of cancer. He added:

"We have made progress in our attack upon benign and malignant lesions of the breast, but we have a long distance to go. We will have more opportunity of reaching the millenium when we recognize the limitations of our present mode of attack on both the early and late cases."

Dr. McCormick said it is estimated that 12,000 women die each year in the United States from breast cancer, and that about 4 per cent of all female adults acquire the disease.

Age of the patient and type of breast cancer are most important in determining the prospects, he said. Complete removal of the breast and the lymph nodes and fat in the armpit are absolute necessities if cure is to be expected, he added. Breast cancer usually spreads by way of the armpit.

The operation should be followed by expert radiological treatment, he urged. He said x-ray therapy alone was of limited value but all his patients have postoperative treatment because results are improved. "In my experience, mortality following radical breast procedures, when ample blood replacement is used, is practically nil," he said. "I have had but one death among my last 300 patients."

The endocrine field seems to offer much to the research worker and to the breast surgeon, Dr. McCormick said. "There is little doubt in my mind about the possibility of direct relationship between malignant development in certain parts of the male and female anatomy and endocrine activity."

A.M.A. PUBLISHES RESIDENCY LIST

The A.M.A. Council on Medical Education and Hospitals has made available to physicians and hospitals throughout the country a new service which provides information regarding the availability of appointments to approved residencies.

A list of residencies in approved hospitals in which positions are open will be furnished to physicians on request. These lists, to be revised monthly, will provide information regarding the number of positions available, the name of the chief of service, the stipend paid and the person to whom the application should be made.

Hospitals interested in having their available residency positions listed in this manner will be furnished, on request, a brief form on which the pertinent data regarding the service will be reported. These positions will be included in the monthly lists, as revised, for as long a period as the hospital desires. At the time it originally requests a listing, the hospital will be furnished a number of post card forms which will be returned to the council prior to the 15th of each month, as long as the position remains open. When the hospital discontinues returning this form, the position will be considered filled and it will be removed from subsequent lists.

Hospitals that have residency appointments available should communicate with: Residency Information Service, Council on Medical Education and Hospitals, American Medical Association, 535 North Dearborn Street, Chicago 10, Ill.

Physicians interested in receiving the list of available appointments should write to the same office.

NERVE SURGERY HELPS PARAPLEGICS IN CONVALESCENT PERIOD

Nerve surgery on some paraplegics in a convalescent stage appears to be justified as a result of experiences at the Van Nuys Veterans Administration Hospital, according to Dr. John D. French, associated with the hospital.

Dr. French, reporting on his observations of 500 paraplegics in a recent issue of the *Journal of the American Medical Association*, explained that at first a paraplegic is under the care of a neurosurgeon. The neurosurgeon evaluates the extent of the injury and does what he can, surgically and otherwise, to facilitate the return of function where damage is not irreversible. Next comes a period of rehabilitation, often long and difficult, during which neurosurgery contributes little. Later, however, he pointed out, rehabilitation may stop short of the ultimate goal for the patient because of new neurosurgical problems which can be helped by a second operation. Seventy-seven of the 500 patients he reported fell into this category and were operated upon because their rehabilitation became static or regressive.

As an illustration, he cited the case of a 30-year-old man who became paralyzed in the lower part of his body as a result of a shell fragment. He said:

"Rehabilitation was never satisfactory because the patient complained of pain in both legs. He was admitted to the hospital three years later, where he

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NERVE SURGERY HELPS PARAPLEGICS IN CONVALESCENT PERIOD

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made no effort to enter into the usual activities of rehabilitation, apparently being confined by the discomfort. A chordotomy was done two years later after which complete relief of pain was reported. The patient was subsequently discharged from the hospital and now indicates that he leads a normal, comfortable existence."

Because of these and other advances in rehabilitation of paraplegics in recent years, Dr. French said that the feeling of hopelessness that clouded the outlook of these patients has been largely dispelled. They can be taught to talk and walk and can be returned to usefulness, he added.

ISSUES WARNING ABOUT NEW, POISONOUS INSECTICIDES

Anticipating an increase in the use of insecticides this season, the American Medical Association editorially issued a warning about the poisonous nature of these products.

The editorial, carried in a recent issue of the *Journal of the American Medical Association*, pointed specifically to two of the newer substances—aldrin and dieldrin. These, as well as the other insecticides, are expected to be used widely, especially in the southern and cotton-raising areas, it said.

Aldrin and dieldrin are available in either powdered form or as emulsified concentrates. The powdered products can be absorbed by inhalation,

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